



NEW MEMBER APPLICATION Form

Member Name _____

Spouse/Partner Name _____

Address _____

Community/Province _____ / _____ Postal Code _____

Email _____

Telephone (_____) _____ Cell (_____) _____

Former Department/Crown/Agency _____
(please provide confirmation from your former employer)
(e.g. letter, business card, pay stub)

Retirement Date _____ / _____
(Month) (Year)

FEES:

REGISTRATION FEE ----- \$25.00
(a one-time fee payable by all NEW members)

ANNUAL FEES:

NOTE: By joining the SRA Extended Health Plan, your \$20.00 annual membership fee is collected through your GMS premium payments.

Signature _____ Date _____

Membership & Registration cheques (\$25.00) are payable to **SRA Inc.**

and send with the **Application/GMS Enrolment Forms** to:

by scan to: info@saskretirees.org
Please e-transfer your \$25.00
Registration Fee to info@saskretirees.org
(and send us the response to your security
question.

OR
by Canada Post to:
Saskatchewan Retirees Association
Walter Scott Building
3085 Albert Street
Regina, SK S4S 0B1